

DEPARTMENT OF CHILD SERVICES

PROPOSAL FOR THE USE OF FEDERAL, STATE, AND COUNTY FUNDS

REQUEST FOR FUNDS

Section I Applicant/Agency Information

A. Program Title/Service:			
B. Service(s) to be Provided:		▼	
		▼	
		▼	
		▼	
C. Legal Applicant/Agency Name:			
Doing Business As:			
D. Chief Executive Officer:		Telephone:	
E. Financial Officer:		Telephone:	
F. Contact Person for Proposal:		Telephone:	
E-Mail Address:		Fax:	
G. Mailing Address:			

H. Federal EIN # or SS #:		
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I. Applicant's Legal Status:	<input type="radio"/> Not for Profit <input type="radio"/> Sole Proprietorship <input type="radio"/> Other, please specify below <input type="radio"/> For Profit <input type="radio"/> Partnership		

J. Proposed Funding Period: July 1, 2006 to December 31, 2008

K. Program based on:	▼	FOR COMMITTEE USE ONLY # Families/Clients approved: <input style="width: 100%;" type="text"/> Amount Approved: <input style="width: 100%;" type="text"/>
L. Proposed number of Clients to be served:		
M. Total Requested Funds:	\$0.00	
(Automatically transfers from Page 7.)		
N. Total of Funds Requested by Region:(automatic sum)	\$0.00	

N. Detail: Show Breakdown of Total Amount of Public Funds Requested by Region:					
Region #1:		Region #7:		Region #13:	
Region #2:		Region #8:		Region #14:	
Region #3:		Region #9:		Region #15:	
Region #4:		Region #10:		Region #16:	
Region #5:		Region #11:		Region #17:	
Region #6:		Region #12:		Region #18:	

O. Signature/Title Agent:	
P. Date Submitted:	

IV. SIGN IN BLUE INK ONLY

Submit an original (signed) proposal and 1 copy to each Regional Coordinator.
 You must also forward a copy to each Regional Manager and County DCS Director
 you are proposing to serve.

DEPARTMENT OF CHILD SERVICES
PROPOSAL FOR THE USE OF FEDERAL, STATE, AND COUNTY FUNDS

Section II Assurances

- A. The funds requested for this program are unavailable through existing funds. The funds requested will not supplant or replace already existing funds but will be used to expand the range of services or client population.
- B. The provider agrees to complete the evaluation and reporting requirements as specified in the contract.
- C. The provider agrees to conform to Title VI of the Federal Civil Rights Act of 1964, as amended, and to Indiana Code 22-9-1-10, as amended, and thus assures non-discrimination in practices concerned with staff recruitment as well as in the provision of services without distinction as to color, race, religion, sex, handicap, ancestry or
- D. The provider agrees that income (i.e. client fees, insurance, other public funds) generated by the program must be used to reduce the costs of the program to Title IV-B or CFCIP. If the provider accepts Medicaid or Title XX for payment of the unit, Title IV-B will not be billed for any part of that unit.
- E. If Title IV-B or CFCIP is paying for a group service by paying a group rate and non-Title IV-B or CFCIP clients are members of the group and the non-IV-B or non-CFCIP members are charged a fee, the sum of the fees collected shall be deducted from the approved group rate when processing the claim for Title IV-B or CFCIP
- F. The service for which the proposal is being written may require the appearance of the provider in court or appeals hearings. As part of the service agreement, the provider agrees to appear and provide any necessary records or documentation if deemed necessary by the Department of Child Services.
- G. The provider and all staff will be culturally competent and will meet the qualifications listed on the Service Standard as provided.
- H. The provider agrees that any agency treatment activity, therapy and service plan for a specific client or family will be compatible and consistent with the plan of case for the client/family that is on file with the Department of
- I. The provider agrees to meet all reporting requirements such as monthly updates, quarterly reports, and court reports as requested by the Department of Child Services.
- J. The provider agrees to maintain all case records indicating time spent with the clients and documents provided to the referring Department of Child Services.
- K. The provider agrees that the overall service coordination or case management is the responsibility of the Department of Child Services.
- L. The provider agrees that they provide and maintain a drug free workplace as required by federal law (Drug Free Workplace Act of 1988-45 CFR, Part 76 subpart F). The provider agrees to sign the "STATE OF INDIANA DRUG FREE WORKPLACE CERTIFICATION."
- M. The provider agrees that he/she is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in its transactions with any Federal agency or department. The provider agrees to sign the "Certification Regarding Debarment, Suspension, Ineligibility And Voluntary
- N. The provider assures and certifies that no federally appropriated funds have been paid, or will be paid, by or on behalf of the provider, to any person for influencing or attempting to influence an officer or employee of any agency, member of Congress, an officer or employee of Congress, or an employee of a member of Congress, in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement. The provider agrees to sign the
- O. The undersigned attests that he or she has not directly or indirectly, to the best of his or her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he or she has not received or paid, any sum of money or other consideration for the execution of this agreement other than which appears on the face of the agreement. The provider agrees to sign the "Non-Collusion Affidavit."
- P. The provider agrees to sign a state contract for the provision of proposed and approved service(s).

I have read and I agree to comply with the above statements.

Signature, Title

Date

DEPARTMENT OF CHILD SERVICES PROPOSAL FOR THE USE OF FEDERAL, STATE, AND COUNTY FUNDS
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PERSONNEL AND BUDGET JUSTIFICATION WORKSHEET	
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Agency: _____

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From:

To: December 31, 2008

Section III Budget

A. Personnel			
	1. Civilian	2. Military	3. Other

				1. Salaries & Wages		2. Fringe Benefits		
(A) Position/Job Title	(B) Service	(C) Ave. # of Hours/Month for Program		(D) Salary/Wage per month for Program	(E) # of Months (1-30)	(F) Salary/Wage for Program	(G) Fringe Benefit Rate	(H) Fringe Benefit Cost
		Employed	Face to Face					
	<div><div></div><div></div></div>					\$0		\$0
	<div><div></div><div></div></div>					\$0		\$0
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	<div><div></div><div></div></div>					\$0		\$0
Total Salaries and Wages:						\$0	Total Fringe:	\$0

3. Consultant and Contract Services		
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(A)	(C) Total Hours	(D) Fee / Hour	(F) Total
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Total Consultant and Contract Services:			\$0.00

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BUDGET JUSTIFICATION WORKSHEET

Agency:

Program Title:

Funding Period: July 1, 2006 to December 31, 2008

Section III Budget - continued

B. Other Direct Costs

1. Travel (Compute staff and client costs separately; Mileage costs cannot exceed the state's rate of .40/mile)

Calculations/Descriptions:

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Total Staff Travel:

Total Client Travel:

2. Consumable Supplies & Printing (Justify by type of expense)

Calculations/Descriptions:

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Total Consumables/Printing:

3. Space Costs (Show computations of each cost)

Rent: Calculations/Descriptions:

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Utilities: Calculations/Descriptions:

--

Custodial: Calculations/Descriptions:

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Total Space Costs:

4. Insurance (Specify by type: e.g., personal liability)

Calculations/Descriptions:

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Total Insurance Costs:

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BUDGET JUSTIFICATION WORKSHEET

Agency:

Program Title:

Funding Period: July 1, 2006 to December 31, 2008

Section III Budget (Continued)

B. Direct Costs (Continued)

5. Staff Training (Show factors included and computation)

Calculations/Descriptions:

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	Total Staff Training:	
6. Telephone:		
Postage:		
Total:	\$	-

7. Rent/Lease/Prorated Share of Equipment Purchase

Calculations/Descriptions:

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	Total Equipment:	
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8. Other Administrative Expenses (Please specify.)

Calculations/Descriptions:

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	Total Other Administrative:	
--	------------------------------------	--

9. Other Direct Costs--(Please specify)

Calculations/Descriptions:

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	Total Other Costs:	
--	---------------------------	--

C. Indirect Costs (List each indirect cost separately. See instructions re: non-allowable expenses)

Actual Indirect Cost %: #DIV/0! *This amount will be transferred from Page 7.

1. Accounting Services

Calculations/Descriptions:

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	Total Accounting Costs:	
--	--------------------------------	--

2. Other Indirect Costs (Attach itemization if more space is needed)

Calculations/Descriptions:

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	Total Other Indirect Costs:	
--	------------------------------------	--

*Once figures have been entered #DIV/0 will convert to a percentage.

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BUDGET JUSTIFICATION WORKSHEET

Agency:

Program Title:

Funding Period: July 1, 2006 to December 31, 2008

Section III Budget (Continued)

D. INKIND CONTRIBUTIONS AND OTHER GRANTS/INCOME

ENTER ONLY THOSE AMOUNTS WHICH YOU WOULD LIKE TO USE TO REDUCE THE COST OF YOUR PROGRAM.

COUNTY NAME	IN-KIND CONTRIBUTIONS		OTHER GRANTS/INCOME		COMMENTS
	DESCRIPTION	AMOUNT	SOURCE	AMOUNT	
SUBTOTAL:		\$0.00		\$0.00	
TOTAL IN-KIND AND OTHER FUNDS				\$0.00	

DEPARTMENT OF CHILD SERVICES	
PROPOSAL FOR THE USE OF FEDERAL, STATE, AND COUNTY FUNDS	
BUDGET SUMMARY	
Agency:	
Program Name:	
Funding Period: July 1, 2006 to December 31, 2008	
Section III Budget	Total Proposed Program Costs
A. Personnel	
*1. Salaries & Wages	\$0.00
*2. Fringe Benefits	\$0.00
*3. Consultant & Contract Services	\$0.00
B. Other Direct Costs	
*1. Travel Expenses	
a. Staff	\$0.00
b. Clients	\$0.00
*2. Consumable Supplies & Printing	\$0.00
*3. Space Costs (Rent, Utilities, Custodial)	\$0.00
*4. Insurance	\$0.00
*5. Staff Training	\$0.00
*6. Telephone & Postage	\$0.00
*7. Rental/Lease/Prorated Share of Equipment	\$0.00
Purchase (per instructions)	
*8. Other Administrative Expenses	\$0.00
*9. Other (Specify)	\$0.00
C. **Indirect Costs	
*1. Accounting Services	\$0.00
*2. Other (See Worksheet Justification)	\$0.00
#DIV/0!	
D. TOTAL PROGRAM COSTS	\$0.00
E. TOTAL IN-KIND AND OTHER FUNDS (From Page 6)	\$0.00
F. ADJUSTED PROGRAM COSTS (Row D minus Row E)	\$0.00

*See applicable Budget Justification Worksheets for Details.

*All amounts on this page are automatically transferred.

Please verify amounts.

** This amount will be calculated and will show in the shaded left column, replacing #DIV/0.

DEPARTMENT OF CHILD SERVICES
PROPOSAL FOR THE USE OF FEDERA, STATE, AND COUNTY FUNDS

Service Unit Rate Justification and Definition / Cost Analysis -- continued

Agency:

Program Name:

Funding Period: July 1, 2006 to December 31, 2008

Section IV -- continued

[illegible]

DEPARTMENT OF CHILD SERVICES
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REGIONAL REQUEST SUMMARY

Agency: _____ Funding Period: July 1, 2006 to December 31, 2008

Program Name: _____

Section IV. (Complete a separate page for each region to be served by this proposal).

A. Region to be Served:			
B. Program Director:		Telephone:	
C. Mailing Address:			
(If different from Agency address)			
D. Email Address:			

E. Show breakdown below of proposed service categories, number of families/clients, and amount requested by county to be served in this region. Use a separate page for counties in another region.

County to be Served	Service	Total Number of Families / Clients (Circle one)	Public Funds Requested	Approved (Committee Use only)				
				Part I	IL	Part II	Code	County Match
TOTAL ADJUSTED PROGRAM COSTS:			\$0.00					

(CODES FOR COMMITTEE USE ONLY: 1=Family Support; 2=Family Preservation; 3=Time-limited Reunification; 4=Adoption Promotion and Support; 5=Administration/Management; 6=Planning)

Use as many additional sheets as necessary.

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Use as many additional sheets as necessary. Additional sheets can be downloaded separately from the RFP Website.